## Form AOC-PT-49

## **Criminal Background Check Request Form – Instructions**

- 1. Use blue or black ink to complete Form AOC-PT-49 and print legibly or type.
- 2. Complete the following information for the individual provider on whom the criminal background check is being requested:

SOCIAL SECURITY NUMBER: Write/type the individual provider's Social Security

Number

NAME: Write/type the individual provider's first name,

middle name (as given at birth), and last name

DATE OF BIRTH: Write/type the individual provider's date of birth in

the following format: mm/dd/yyyy

MAIDEN OR ALIAS NAMES: Write/type the individual provider's maiden name

and/or any aliases the individual provider has. DO NOT leave blank. If the individual provider has no maiden name or aliases, write/type "Not Applicable"

STREET ADDRESS/PO BOX: Write/type the individual provider's <u>current</u> Street

Number, Street Name <u>and</u> a P.O. Box Number, if applicable. DO NOT write a P.O. Box Number

only.

CITY, STATE, ZIP CODE: Write/type the City, State and Zip in which the

individual provider currently resides.

E-MAIL ADDRESS: Write/type the individual provider's e-mail address.

This is not a required field.

3. Signatures/Dates

The individual provider applying for First Steps enrollment must sign and date the AOC-PT-49 form.

4. The following fields are pre-filled (If you have an AOC-PT-49 form that has not been pre-filled by the Cabinet for the First Steps program, please visit the First Steps website (<a href="http://chfs.ky.gov/dph/firststeps.htm">http://chfs.ky.gov/dph/firststeps.htm</a>) and download the AOC-PT-49 form, located under Required Forms):

E-mail Address (sent to this e-mail only)

Would you like the CourtNet Records e-mailed? – "Yes" should be marked

Company

Telephone Number

Requestor/Contact Person

Address

City, State, Zip

Please denote which purpose applies to this request – "Employment" should be marked

DO NOT ALTER THE PRE-FILLED INFORMATION. The information that has been prefilled directs the Administrative Office of the Courts to send the results of the criminal background check to the First Steps program. The First Steps program is unable to accept Child Abuse/Neglect Central Registry or criminal background check results that do not come directly from the agency responsible for conducting the check.

5. Submit the completed, signed and dated AOC-PT-49 form with a check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) to:

ADMINISTRATIVE OFFICE OF THE COURTS PRETRIAL SERVICES RECORDS DIVISION 100 MILLCREEK PARK FRANKFORT, KENTUCKY 40601